

Taxi/Tour /Wrecker/Pedicab/Shuttle Permit Application

Company: _____

Name: _____ Phone #: _____

Address: _____

Social Security Number: _____ Driver's License Number: _____

State: _____ Date Of Birth: _____ Place of Birth: _____

Sex: _____ Race: _____ Age: _____ Weight: _____ Height: _____ Eyes: _____

Hair: _____

The undersigned hereby authorizes the City of Savannah to conduct a criminal background check.

The undersigned acknowledges that he has received a copy of applicable City of Savannah ordinances related to this permit and is familiar with the requirements relating to this permit.

The undersigned understands that any false statements made on this application may be grounds for rejection of the application.

Print Name

Signature of Applicant

Date

Please complete the following:

This application is for which type of permit: taxi tour guide wrecker pedicab bus
(shuttle, NEV) walking & step on guide.

I have been a resident of Savannah for _____ years _____ months.

Previous address if less than three years: _____

Are you a citizen of the United States? Yes No

Have you been convicted of driving under the influence of drugs or alcohol within the past two years?
Yes No. If yes, when?

Have you been convicted of reckless driving within one year prior to the date of this application?
Yes No

Have you been convicted three or more times of any of the above offenses within the past five years prior to the date of this application? Yes No. If yes, please list offense and date:

Have you been convicted of any crime related to transporting persons for immoral purposes (prostitution, solicitation, or any sex related offense) within the past three years prior to this application?
Yes No. If yes, explain:

Have you at any time in the past three years prior to the date of this application been convicted of, been on probation for, paroled or served time for a felony?
Yes No. If yes, explain:

I, do solemnly swear or affirm that I will cooperate in all matters related to the general safety and welfare of the public whom I serve. I understand that any infraction of the City ordinances pertaining to this permit will subject me to fines, suspension, and/or revocation of my permit. I understand that falsification or misrepresentation on this application shall result in revocation of my permit.

Signature of Applicant

Date

OFFICIAL USE ONLY

Comments: _____
